



Professionalism in Roofing

February 25, 2013

Enchanted Forest Stable  
[rjackson@northmiamifl.gov](mailto:rjackson@northmiamifl.gov)

Reference: 1750 NE 135 St  
North Miami, FL 33020

An onsite preconstruction meeting will be held with North Miami's project manager to arrange mobilization.

Subject: Roof replacement as per FY2013 Technical specifications.

Scope of work

1. Tear off existing roof system(s) down to the wood decking and haul debris away.
2. Re-nail existing sheathing as required using ring shank coil nails.
3. Replace deteriorated and/ or rotten wood as required.

Wood replacement

4. Remove, dispose of and replace all rotten cedar beams as required with new.
5. Remove, dispose of and replace T-1/11 as needed.
6. Install new 5/8 sheathing over the T-1/11 deck under the new shingles
7. Remove and replace exposed rotten sheathing where necessary.
8. Paint all new cedar beams and T-1/11 to match existing.

Slope roof area

9. Install (1) layer of 30# astm felt to the regular slope sheathing with ring shank nails and tin tags.
10. Install (2) layers of 30# astm felt to the low slope sheathing with ring shank nails and tin tags.
11. Install new vents, lead stacks, valley metal at the slope transition and 26 gauge eave drip accordingly.
12. Install fungus resistant dimensional shingles shingles.(color to be chosen by CNM)

General

13. All work listed above includes insurance, taxes and removal of all Job related debris.
14. Permit fees will be paid by the city. Structural engineering, if required will be paid by the city.
15. The jobsite will be left in a broom clean condition each day.
16. Daily reports will be provided by Atlas Roofing. Working hours will be 8am to 5pm Monday through Friday.
17. All work performed in strict accordance with the most current local and South Florida Building Codes.
18. All work under this proposal, warranted for ten (10) years.

Proposal amount / terms

19. Dimensional shingles Job price \$ 27,980.00
20. Payment will be 50% upon 50% completion with approved inspection report and the final 50% upon final inspection, approved and closure of the applicable permits.

Sincerely yours,

*David Copelin*

David Copelin  
Atlas Roofing

Acceptance of Proposal

The above prices, specifications and conditions are satisfactory and are hereby accepted. The signer authorizes Atlas Roofing to do the work as specified. Payment will be made as outlined above.

Date:

*5/30/13*

Signature:

*[Signature]*

Stephen E. Johnson, City Manager *PS*

Approved as to form:

*[Signature]*

*5/30/13*

City Attorney

Date

Michael A. Etienne, Esq., City Clerk *5/30/13*

Date



## INVITATION TO QUOTE

City of North Miami  
North Miami, Florida 33161

THIS IS NOT  
AN ORDER

QUOTATION NO.: 20-12-13 IQ

TITLE: Enchanted Forest Stable Roof Replacement

DUE DATE: Wednesday, February 27, 2013

TIME: 3:00 PM

EMAIL/FAX QUOTATIONS: [rcrenshaw@northmiamifl.gov](mailto:rcrenshaw@northmiamifl.gov) / FAX: (305) 891.1015

CONTACT PERSON: Ruby C. Johnson

PHONE: (305) 895.9887

E-MAIL: [rcrenshaw@northmiamifl.gov](mailto:rcrenshaw@northmiamifl.gov)

**NOTES:**

1. All prices shall be F.O.B. Destination delivery point including all costs and freight unless otherwise specified
2. Failure to complete and sign this form renders your bid/quotation non-responsive and ineligible for award

ITEM	QUANTITY	UNIT	DESCRIPTION	TOTAL PRICE
1.	1	Lot	Enchanted Forest Stable Roof Replacement	\$ 27,980.00
2.	1	Lot	5% Contingency (If required)	\$ 0
TOTAL BID PRICE				\$ 27,980.00

Method of Award: Award will be made to the lowest bidder whose proposal is in the best interest of the City.

Local preference will be applied as applicable (see below)

Addenda Received: ☒ Yes ☐ No If yes, please indicate the number of addenda received: Specs. ①  
All Addenda are posted on the City's website at [www.northmiamifl.gov](http://www.northmiamifl.gov)

It is hereby certified and affirmed that the bidder shall accept any awards made as a result of this quotation. Bidder further agrees that prices quoted will remain fixed for a period of sixty (60) days from date quotation is due.

Authorized Signature: [Signature] Title: Owner Qualifier

Print/Type Name: David Copelin Phone: 954-270-0615

E-mail: david@atlasroofingfl.com Fax: 954-422-9595

Firm Name: Kessellinc DBA ATLAS ROOFING F.E.I. ID No.: 5,9,2,7,5,2,5,1,9

Address: 851 S Deerfield Ave City: Deerfield Beach State: FL 33441

☐ **LOCAL PREFERENCE CERTIFICATION:** For the purpose of this certification, a "local business" is a business that has a valid local business tax receipt, issued by the City of North Miami at least one year prior to bid or proposal submission, that is



appropriate for the goods, services or construction to be purchased **AND**; a business that has a physical business address located within the limits of the City of North Miami from which the vendor operates or performs business. Post Office Boxes are not verifiable and shall not be used for the purpose of establishing said physical address.

OR

☒ **WORKFORCE LOCAL PREFERENCE CERTIFICATION:** The local preference may be applied to firms with a least ten percent (10%) of its total workforce residing within the geographical boundaries of the City. Place a check mark here [ ] only if affirming bidder meets requirements for workforce Local Preference. Failure to complete this certification at this time (by checking the box above) shall render the Bidder ineligible for Workforce Local Preference.

OR

☐ **SUBCONTRACTOR LOCAL PREFERENCE CERTIFICATION:** The local preference may be applied to firms that subcontract at least ten percent (10%) of the contractual amount of a City project to subcontractor who are physically located within the City of North Miami. (Must complete forms A-3a Statement of Intent & A-3b Participation Schedule.) Place a check mark here [ ] only if affirming bidder meets requirements for Subcontractor Local Preference. Failure to complete this certification at this time (by checking the box above) shall render the Bidder ineligible for Subcontractor Local Preference.

All referenced forms can be found on the City's website at  
<http://www.northmiamifl.gov/departments/purchasing/forms.asp>

#### **SCOPE OF WORK**

The City of North Miami is seeking qualified licensed and insured General Contractors and / or Roofing Contractors to supply and replace the stable roof located at the Enchanted Forest Park located at 1725 NE 135<sup>th</sup> Street in North Miami, Florida.

All work is to be completed within 30 days.

#### **MANDATORY WALK THRU:**

A mandatory walkthrough is scheduled for **Wednesday, February 20<sup>th</sup>, 2013 at 9:00 AM** at the Enchanted Forest located at 1725 NE 135<sup>th</sup> Street. All interested vendors must attend this walk thru to submit a bid for this project.

#### **CUT OFF FOR QUESTIONS:**

The cut off for question on this project is Friday, February 22 by 12 noon. All questions must be submitted in writing to Ruby Johnson via email to [rcrenshaw@northmiamifl.gov](mailto:rcrenshaw@northmiamifl.gov) or faxed to 305.891.1015.

#### **TECHNICAL SPECIFICATIONS:**

1. All work shall be in accordance with the Florida Building Code (FBC) requirements and per any subsequent direction from Building and Zoning for permitting through the city.
2. Remove and dispose of the existing roof down to the exposed wood sheathing.
3. Contain debris in contractor provided dumpster or other means of containment.
4. Remove, dispose of and replace all rotten wood as needed.
5. Remove, dispose of and replace all rotten cedar beams as required; no sheathing of beams (Separate Building Permit required).
6. Remove, dispose of and replace T-111 as needed.
7. Install new 5/8" plywood over the entire T-111 deck under new shingles.
8. Paint the T-111 deck underside (North Miami to supply the paint color codes).
9. Contractor shall provide quantity of paint needed for painting entire T-111 area.
10. Re-nail the entire deck with ring shank nails.
11. Install new metal flashings.
12. Install double 30 pound underlayment on the low slope deck.
13. Install valley metal at the slope transition.
14. Tin cap and nail the roof with ring shank nails.
15. Install new three dimensional shingles (Color to be chosen by CNM).
16. The jobsite will be left in a broom clean condition each day.

Contract #:  
Contract Title:  
Bid Opening Date:  
Prepared By:

20-12-13  
Enchanted Forest Stable Roof Replacement  
2/27/2012  
Ruby C. Johnson

REVISED

Beta Calum, LLC		WP Construction, Co		A1 Duran Roofing		Kamel Place, LLC		Blueprint Industrial Contractor	
FEIN #:		45-5601091		204782503		59268810		20-1160258	
Address:		12550 Biscayne Blvd Suite 800		10822 NW 7th Avenue		8095 NW 64th Street		1747 Washington Street Suite 4	
City / State/ Zip		North Miami, FL		Miami, FL		Miami, FL 33150		Hollywood, FL	
Phone:		786.442.3142		305.244.2392		305.885.5525		305.333.8110	
Contact:		Antonio J. Uzcategui		Wilson Henry		Travis Kreitner		Leverria Belton	
Email:		<a href="mailto:auzcategui@betacalum.com">auzcategui@betacalum.com</a>		<a href="mailto:wphconstruction@gmail.com">wphconstruction@gmail.com</a>		<a href="mailto:tdkreitner@a1duranroofing.com">tdkreitner@a1duranroofing.com</a>		<a href="mailto:kamelplace@gmail.com">kamelplace@gmail.com</a>	
Local Preference Affirmed:		YES/LOCAL		YES/Workforce		No		No	
Description									
1	Roof Replacement	\$43,976.00		\$27,500.00		\$33,500.00		\$32,300.00	
2	Contingency	\$2,199.00		\$1,375.00		\$1,675.00		\$1,615.00	
	TOTAL	\$46,175.00		\$28,875.00		\$35,175.00		\$33,915.00	
		NON-RESPONSIVE						\$25,095.00	
								Incorrect License	
Supreme Roofing & Construction		Kessel Inc DBA Atlas Roofing		Preventative Maintenance Support Services		MPR Construction			
FEIN #:		205972514		592752519		650583781		204519637	
Address:		2600 NW 155th Terrace		8515 S. Deerfield ave		1110 2nd Avenue S.		300 NW 144th Street	
City / State/ Zip		Miami FL		Deerfield Beach FL 33441		Lake Worth, FL		Miami, FL	
Phone:		561.586.5655		954.270.0615		561.586.5655		786.547.1583	
Contact:		Deric Smith		David Copelin		Kristian Irr		Pierre Raymond	
Email:		<a href="mailto:supremeroofingsvc@hotmail.com">supremeroofingsvc@hotmail.com</a>		<a href="mailto:david@atlasroofingfl.com">david@atlasroofingfl.com</a>		<a href="mailto:kris@preventativesupport.com">kris@preventativesupport.com</a>		<a href="mailto:mprconstruction@gmail.com">mprconstruction@gmail.com</a>	
Local Preference Affirmed:		YES/WORKFORCE		YES/WORKFORCE		No		YES/Workforce	
Description									
1	Roof Replacement	\$26,850.00		\$27,980.00		\$32,700.00		\$36,000.00	
2	Contingency	\$1,342.50		\$0.00		\$0.00		\$0.00	
	TOTAL	\$28,192.50		\$27,980.00		\$32,700.00		\$36,000.00	
		NON-RESPONSIVE		Awarded Vendor					





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/01/2013 12:51 PM

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Highpoint Risk Services LLC 5501 LBJ Freeway, Suite 1200 Dallas, TX 75240	<b>CONTACT NAME:</b>  <b>PHONE (AC, NO, Ext):</b> (800) 728-0623 <b>FAX (AC, NO):</b> (972) 404-0380 <b>E-MAIL ADDRESS:</b>  <b>INSURERS AFFORDING COVERAGE</b> <b>INSURER A:</b> Companion Property and Casualty Insurance Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	<b>NAIC #</b> 12157
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**INSURED:** AMS 1/c/f:  
KESSEL INC dba ATLAS ROOFING  
851 S DEERFIELD AVE  
DEERFIELD BEACH, FL 33441  
Phone: (954) 270-0615 Fax: (954) 486-0035

## COVERAGES

**CERTIFICATE NUMBER:** AC13-7900004-1176923

**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF DATE (MM/DD/YY)	POLICY EXP DATE (MM/DD/YY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	<input type="checkbox"/>	<input type="checkbox"/>				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> CLAIMS-MADE <b>EXCESS LIAB</b> <input type="checkbox"/> OCCUR DEDUCTIBLE RETENTION \$	<input type="checkbox"/>	<input type="checkbox"/>				EACH OCCURRENCE \$ AGGREGATE \$
A	<b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under SPECIAL PROVISION below	N/A	<input type="checkbox"/>	DPE26272740260	04/01/2012	04/01/2013	X <input checked="" type="checkbox"/> WORKERS' COMPENSATION LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1000000 E.L. DISEASE - EA EMPLOYEE \$ 1000000 E.L. DISEASE - POLICY LIMIT \$ 1000000
		<input type="checkbox"/>	<input type="checkbox"/>				

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES** (Attached ACORD101, Additional Remarks Schedule, if more space is required)  
1. This certificate remains in effect, provided the client's account is in good standing with AMS. Coverage is not provided for any employees of which the client is not reporting wages to AMS. Applies to 100% of the employees of AMS leased to KESSEL INC dba ATLAS ROOFING, effective 04/01/2012. 2. Insured is afforded Workers Compensation & Employers liability as a co-employer under the policy for employees leased from AMS.

## CERTIFICATE HOLDER

CITY OF NORTH MIAMI \*  
776 N.E. 125TH STREET  
NORTH MIAMI, FL 33161

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
03/01/13

PRODUCER JW Insurance Services  
100 North State Road 7, # 106  
Margate, FL 33063  
Phone (954) 583-7213 Fax (954) 583-2045

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED Kessel Inc. DBA Atlas Roofing  
851 S. Deerfield Avenue  
Deerfield Beach, FL 33441

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Canal Indemnity	27790
INSURER B: Progressive	10193
INSURER C: Evanston Ins Co	
INSURER D:	
INSURER E:	
INSURER F:	

## COVERAGES

THE POLICIES OF INSURANCE LISTED HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<input type="checkbox"/>	<b>GENERAL LIABILITY</b>	GL104073	01/21/13	01/21/14	EACH OCCURRENCE 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) 5,000
		GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				PERSONAL & ADV INJURY 1,000,000 GENERAL AGGREGATE 2,000,000 PRODUCTS - COMP/OP AGG 2,000,000 Fire Damage Liability 50,000
B	<input type="checkbox"/>	<b>AUTOMOBILE LIABILITY</b>	04348909-2	09/24/12	09/24/13	COMBINED SINGLE LIMIT (Ea accident) 1,000,000
		<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)
C	<input type="checkbox"/>	<b>GARAGE LIABILITY</b>	XOVA665013	02/19/13	01/21/14	AUTO ONLY - EA ACCIDENT
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC
		<input type="checkbox"/>				AUTO ONLY: AGG
		<b>EXCESS/UMBRELLA LIABILITY</b>				EACH OCCURRENCE 2,000,000
	<input type="checkbox"/>	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE 2,000,000
		<input type="checkbox"/> DEDUCTIBLE				
		<input type="checkbox"/> RETENTION \$				
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER
	<input type="checkbox"/>	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER / MEMBER EXCLUDED?				E.L. EACH ACCIDENT
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE
		<b>OTHER</b>				E.L. DISEASE - POLICY LIMIT

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

\*\*\*ROOFING \*\*\*

## CERTIFICATE HOLDER

City of North Miami  
776 NE 125 Street  
North Miami, FL 33161

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE